



PATIENT

Princess Chung

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

6 Years 11 Months

WEIGHT

9.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

45758

DATE

3/8/23

PRESENTING CLINICAL SIGNS

Anorexia for approximately 3 days, and blood glucose 291 mg/dL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. Pyelectasia of 0.43 cm and echogenic debris noted in the left kidney. Pyelectasia at 0.23 cm noted in the right kidney.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.27 cm x 0.27 cm. The left adrenal gland measured 2.33 cm x 0.51 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with occasional hypoechoic, non-disruptive nodular change. The liver revealed generalized enlargement. Minor gallbladder debris, not pathological. There is no suspicion of neoplasia; however, diffuse disease is present. Bile acid profile would be ideal as well as FNA.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** presented slight coarse architecture. Minor enlargement. No overt evidence of inflammation. Minor amount of remodeling noted.

ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy



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- Diabetic nephropathy and pyelectasia in both kidneys
- Prominent, irregular pancreas and minor remodeling

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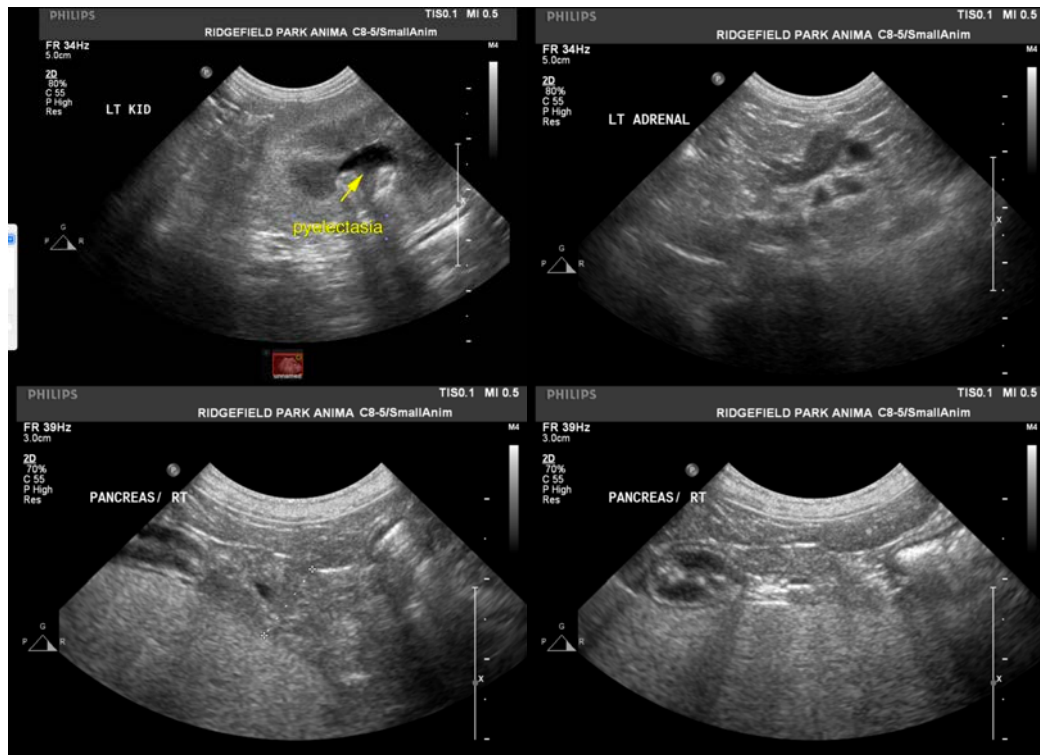
3/8/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong potential for underlying UTI. Urine culture and sensitivity recommended if any inflammatory sediment is present, bile acid profile indicated. Management for the diabetic state indicated. However, other causes of anorexia such as orthopedic, CNS, or thoracic disease should also be considered. The changes are largely expected for a diabetic patient. However, underlying UTI may be playing a role +/- liver dysfunction depending upon liver enzyme values and potential bile acid evaluation.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease





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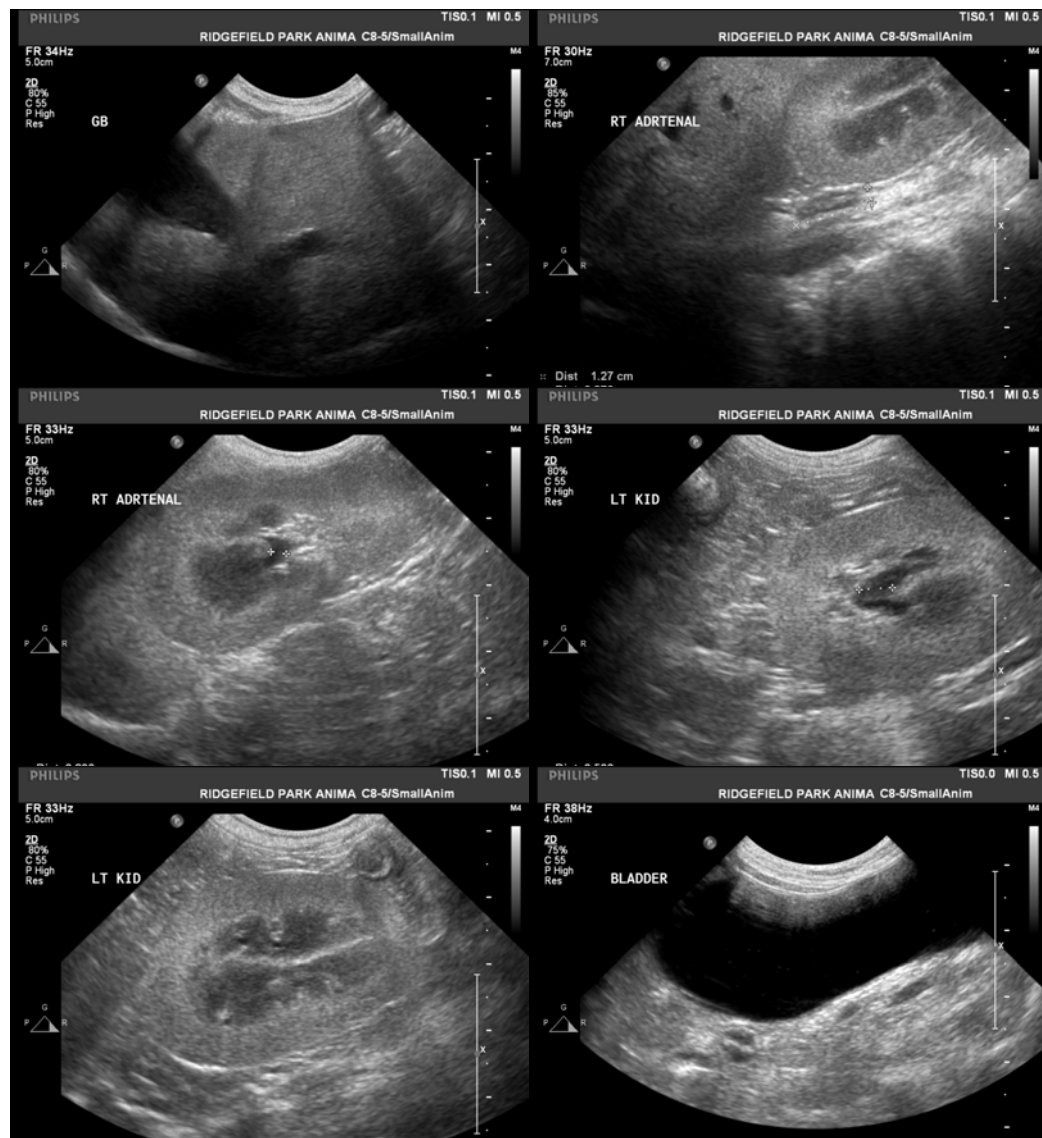
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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